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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

		Organization or Corporation	ding Qualified Non	profit corporations		
	ARAL Pro-Choice					
	(b) Address (number ar	nd street) check if different than previous	ly reported			
	1150 15th Street, NW					
	(c) City, State and ZIP	 Code		3. FEC Ide	entification Number	
	Washington	D	C 20005			
_			20005	C 2000		
2.	Corporate filers only	Is the filer a qualified nonprofit corporation?	X Yes	No C C9000	J4185	
	Individual filers only	Name of Employer		Occupation		
	•	, ,		•		
	4. TYPE OF RE	PORT (check appropriate boxes):				
	(a) April 1	5 Quarterly Report				
	July 15 Quarterly Report			†		
	Octob	er 15 Quarterly Report				
	lanua	ry 31 Year-End Report	X 48-Hour Report			
	Janua	ту эт теат-шти пероп	48-Hour Repor	I		
	b) Is this Re	PERIOD: FROM 10 16 THROUGH 10 16	2012 Y Y Y Y 2012			
	6. TOTAL CON	TRIBUTIONS			0.00	
					0.00	
	7. TOTAL INDE	PENDENT EXPENDITURES			3904.04	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.						
TYPE OR PRINT NAME OF PERSON COMPLETING FORM			SIGNATURE	[Electronically Filed]	DATE	
Kimberly Robinson			Kimberly Robinson		10/16/2012	
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.						

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (REV. 09/2005)

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) NARAL Pro-Choice America					
Full Name (Last, First, Middle Initial) of Payee	Date				
Bulletproof	10 16 2012				
Mailing Address 1840 41st Ave					
# 102-333 City State Zip Code	Amount				
Capitola CA 95010-2513	75.00				
2 (5 1)	Office Sought: House State: DC				
Purpose of Expenditure Proofreading Category/ Type	Senate 00				
Name of Federal Candidate Supported or Opposed by Expenditure:	President District:				
Barack Obama	Check One: Support Oppose				
Calendar Year-To-Date Per Election	Disbursement For: Primary General				
for Office Sought	2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
Bulletproof	M = M / D = D / Y = Y = Y				
Mailing Address 1840 41st Ave	10 16 2012				
# 102-333	Amount				
City State Zip Code	75.00				
Capitola CA 95010-2513	Transaction ID: VN7C257KE6				
Purpose of Expenditure Category/ Type	Office Sought: House State: DC Senate 00				
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney	President District: Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee	Date				
DirectMial.com	10 16 2012				
Mailing Address 200 Bugeye Sq					
Bldg 3	Amount				
City State Zip Code	1772.02				
Prince Frederick MD 20678-3462	Transaction ID: VN7C257KG2				
Purpose of Expenditure Category/ Printing & mailshop Type	Office Sought: House State: DC				
Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: 00 President				
Barack Obama	Check One: Support Oppose				
Calendar Year-To-Date Per Election	Disbursement For: Primary General				
for Office Sought 910343.33	Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures					
· · · · · · · · · · · · · · · · · · ·	, 1322,92				
(b) SUBTOTAL of Unitemized Independent Expenditures	. •				
(a) TOTAL Independent Funerality and					
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)					

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

NARAL Pro-Choice America						
Full Name (Lost First Middle Initial) of Payer						
Full Name (Last, First, Middle Initial) of Payee DirectMial.com		Date				
Mailing Address 200 Bugeye Sq	10 16 2012					
Bldg 3	Amount					
City State Prince Frederick MD	Zip Code 20678-3462	1772.02 Transaction ID: VN7C257KH0				
Purpose of Expenditure Printing & mailshop	Category/ Type	Office Sought: House State: DC Senate District: 00				
Name of Federal Candidate Supported or Opposed by Ex Mitt Romney	President Check One: Support Oppose					
Calendar Year-To-Date Per Election for Office Sought	910343.33	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee		Date				
Google Mailing Address BO Box 20000		10 16 2012				
PO Box 39000		Amount				
City State	Zip Code	105.00				
San Francisco CA	94139-0001	Transaction ID : VN7C257KB2				
Purpose of Expenditure Online advertising	Category/ Type	Office Sought: House State: DC Senate District: 00				
Name of Federal Candidate Supported or Opposed by Ex Mitt Romney	penditure:	President Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	910343.33	Disbursement For: Primary General 2012 Other (specify)				
Full Name (Last, First, Middle Initial) of Payee		Date Date / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Google						
Mailing Address PO Box 39000		10 16 2012 Amount				
City State	Zip Code					
San Francisco CA	94139-0001	105.00 Transaction ID: VN7C257KC0				
Purpose of Expenditure Online advertising	Category/ Type	Office Sought: House State: DC Senate				
Name of Federal Candidate Supported or Opposed by Ex Barack Obama	President District:					
Barasii Obaliia		Check One: Support Oppose				
Calendar Year-To-Date Per Election for Office Sought	910343.33	Disbursement For: Primary General Other (specify)				
(a) SUBTOTAL of Itemized Independent Expenditures	. 1982.02					
(b) SUBTOTAL of Unitemized Independent Expenditures	•					
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)		3904.04				